

JUSTIFICATION OF PENALTY

EMPLOYEE:	CLASSIFICATION:
CASE NUMBER:	STATUTE OF LIMITATIONS EXPIRATION DATE:

The Hiring Authority shall refer to all investigation documentation and the Employee Disciplinary Matrix when determining the level of discipline to impose. The Hiring Authority shall immediately forward the completed and signed original version of this form to the ERO/Disciplinary Officer. The ERO/Disciplinary Officer shall forward a copy to the Vertical Advocate for designated cases. The Vertical Advocate shall ensure the SAIG is provided a copy of the completed and signed form for all cases monitored by the Bureau of Independent Review.

Adverse Action to be imposed:

☐

Yes (Select penalty level and detail the reasoning below)

☐

No (Provide reasons below)

LEGEND FOR PENALTY

1 Official Reprimand	4 Salary Reduction 10% for 3-12 months <i>or</i> Suspension w/o pay for 6-24 work days	7 Suspension w/o pay for 49-60 work days
2 Suspension w/o pay for 1-2 work days	5 Salary Reduction 5% for 13-36 months <i>or</i> Suspension w/o pay for 13-36 work days	8 Demotion to a lower class
3 Salary Reduction 5% for 3-12 months <i>or</i> Suspension w/o pay for 3-12 work days	6 Salary Reduction 10% for 13-24 months <i>or</i> Suspension w/o pay for 26-48 work days	9 Dismissal

Work Week Group E and SE employees shall not receive a suspension of less than five (5) work days, unless the union contract provides otherwise.

PENALTY LEVEL (check one):

1 ☐ **2** ☐ **3** ☐ **4** ☐

5 ☐ **6** ☐ **7** ☐ **8** ☐ **9** ☐

SPECIFIC PENALTY TO BE IMPOSED:

Indicate each Matrix category and describe all aggravating and mitigating factors considered in determining the penalty. If no aggravating or mitigating factors are considered, please explain:

HIRING AUTHORITY SIGNATURE / TITLE

DATE

-- CONFIDENTIAL WORK PRODUCT --